

CLAIMS ONLY								Application Number <span style="font-size: 1.5em;">10/737422</span>		Filing Date		
Applicant(s)								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2											
Total Depend	27											
Total Claims												